

October 30, 2007

Louisville Metro Department of Public Health & Wellness  
Attn: Adewale Troutman, MD, MPH  
Public Health Director  
400 East Gray Street  
P O Box 1704  
Louisville, KY 40202

Dear Dr. Troutman:

Enclosed is a check for your facility in the amount of \$83,623.00. In accordance with the amended Letter of Agreement for the 2007 *Enhanced Services Pilot Program* (dated August 22, 2007), this payment is based on the Passport Health Plan (PHP) membership within your facility's service area as well as the provision of specific services to target PHP members and to supplement the Plan's current health outcome initiatives.

As always, thank you for joining us in serving Kentucky's Medicaid community. If you have any questions, please do not hesitate to telephone me at (502) 585-8359.

Sincerely,

  
Lenette Springfield  
Director, UHC Special Projects

Enclosure

11/19  
Digitized  
to BJ (Shannon's gone)  
to see if  
resolution can be  
started if not already  
in process.  
We'll need it when Koor  
wants to budget this  
revenue per Dr  
Troutman's  
spending  
request  
SP

Check Date: 10/26/2007		Check No. 00004879	
Invoice Number	Invoice Date	Voucher ID	Gross Amount
2007/Enhanced Services	Oct/12/2007	00006317	83,623.00
		Discount Available	Paid Amount
		0.00	83,623.00

2101-605-4111 - 411652-441162

Vendor Number	Name		Total Discounts	
0000001546	Louisville Department of Public		\$0.00	
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount
00004879	10/26/2007	\$83,623.00	\$0.00	\$83,623.00